

THE WESTMINSTER HIGH SCHOOL MARCHING BAND SCHOLARSHIP APPLICATION

APPLICATION DATE (mm/dd/yyyy): _____

<u>STUDENT</u>	
Name: _____	
Date of Birth: _____	Social Security Number: _____
Address: _____	
Phone: _____	Number of Years Attended Westminster High School: _____
Email: _____ Have you applied for FAFSA? _____ Please attach a copy	
Number of years in band: _____	Expected Graduation Date: _____
Cumulative G.P.A.(Weighted) _____ (Non-Weighted) _____	
What other scholarships have you applied for/received? _____	

<u>FAMILY INFORMATION (or Guardian if applicable)</u>	
<u>Mother</u>	<u>Father</u>
Names: _____	_____
Address(es): _____	_____
_____	_____
Occupation: _____	_____
Number of Children in Family and Ages: _____	

<u>EDUCATIONAL INSTITUTION</u>
Accepted by _____
(Name of Institution)

(Location)

1. Please attach your unofficial transcript to this application. Please write scores in spaces provided; not, "see attached"
 2. Please submit documentation signed by your band Director that you have: 1. shown significant improvement in ability with instrument or Color Guard equipment, 2. motivated others to succeed in band.
- The complete application package should be returned by April 15 to The Community Foundation of Carroll County, 255 Clifton Blvd., Westminster, MD 21157**

